

<i>SERFF Tracking Number:</i>	<i>USLH-127142739</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>48956</i>
<i>Company Tracking Number:</i>	<i>GRIEVANCE/APPEAL</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Grievance/Appeal Process</i>		
<i>Project Name/Number:</i>	<i>Grievance/Appeal Process/</i>		

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Grievance/Appeal Process	SERFF Tr Num: USLH-127142739	State: Arkansas
TOI: H16G Group Health - Major Medical	SERFF Status: Closed-Approved-Closed	State Tr Num: 48956

Sub-TOI: H16G.001C Any Size Group - Other	Co Tr Num: GRIEVANCE/APPEAL	State Status: Approved-Closed
Filing Type: Form	Author: Jaime Gettemans	Reviewer(s): Rosalind Minor
	Date Submitted: 06/01/2011	Disposition Date: 06/16/2011
		Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Grievance/Appeal Process	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Discretionary	Overall Rate Impact:
Filing Status Changed: 06/16/2011	
State Status Changed: 06/16/2011	Deemer Date:
Created By: Jaime Gettemans	Submitted By: Jaime Gettemans
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	

Please see the cover letter under the "supporting documents" tab for a detailed filing description

Company and Contact

Filing Contact Information

Jaime Gettemans,	jaim egettemans@jandpholdings.com
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SERFF Tracking Number: USLH-127142739 State: Arkansas
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 Company
 Company Tracking Number: GRIEVANCE/APPEAL
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Grievance/Appeal Process
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6640 S. Cicero Avenue 708-552-2417 [Phone]
 Bedford Park, IL 60638

Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois
 Company
 6640 S. Cicero Group Code: Company Type:
 Bedford Park, IL 60638 Group Name: State ID Number:
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Regulation 57 - \$50 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	06/01/2011	48233773

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2011	06/16/2011

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Disposition

Disposition Date: 06/16/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Arkansas Grievance/Appeal Process	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/16/2011	AR-G/A-04/11	Certificate	Arkansas Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR-G.A-04.11.pdf

United Security Life and Health Insurance Company

Arkansas Grievance/Appeal Process

Carefully read the information in this notice and keep it for future reference. It contains important information about how you can appeal decisions we make about your health insurance policy and health benefits. If you have any questions about this process, please call our Policyholder Service Department at 1 (800) 875-4422.

When can I file an appeal?

You may appeal any decision in which we do not authorize or approve a service or pay a claim.

Examples of the types of decisions you can appeal:

- We do not approve a service you or your treating provider has requested.
- We do not pay for a service that you have already received.
- We do not authorize or pay for a claim because we say that it is not covered under your insurance policy, and you believe it is covered.
- You or your treating provider disagrees with our decision as to the amount of “reasonable and customary charges” (also called “usual and customary”). Reasonable and customary charges (R&C) mean charges for services and supplies which are no higher than the 75th percentile of the prevailing health care charges data for the zip code area in which the services were performed. This data is updated on a semi-annual basis.
- We do not authorize a service or pay for a claim because we say it is not “medically necessary”.
- You disagree with how we applied your claims or services to your plan deductible.
- You disagree with the amount of co-insurance you paid.
- You disagree with how we coordinated benefits in a situation where you have health insurance with more than one insurer.
- You are dissatisfied with rate increases you may receive under your insurance policy.

The above list does not include all possible appeal situations. If you disagree with a decision you don't see listed above, you may appeal that decision or you may file a complaint directly with the Arkansas Department of Insurance, Consumer Division, located at 1200 West Third Street, in Little Rock, Arkansas 72201-1904.

Who can file an appeal?

Either you or your treating provider can file an appeal on your behalf.

How long do I have to file an appeal?

All appeals must be filed with the Company within 180 days of the date you originally received the decision that initially prompted your appeal.

How to file an appeal:

If you decide to file an appeal, you must give us any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should notify us as soon as you get it. Please also supply a current address and telephone number where you can be reached. All appeals are to be forwarded to:

Vice President Appeals
United Security Life and Health Insurance Company
6640 South Cicero Avenue
Bedford Park, IL 60638
Phone Number: 1 (800) 875 - 4422
Fax Number: 1 (708) 475 - 6120

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please find attached the Flesch Certification for this filing. Attachment: 6.1.11 - Flesch Certification (AR-G.A-04.11).pdf	Approved-Closed	06/16/2011
Bypassed - Item: Application Bypass Reason: Does not apply. Comments:	Approved-Closed	06/16/2011
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Does not apply. Comments:	Approved-Closed	06/16/2011
Satisfied - Item: Cover Letter Comments: Please find attached the cover letter which contains a detailed filing description for this filing. Attachment: 6.1.11 - AR Cover Letter (Grievance.Appeal).pdf	Approved-Closed	06/16/2011



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Arkansas Grievance/Appeal Process (AR-G/A-04/11) received a Flesch Reading Ease Score of 50.9. This form complies with the requirements of A.C.A. 23-80-206, cited as the Life and Disability Insurance Policy Language Simplification Act.

Robert G. Dial
Vice President Compliance

6/1/2011

Date

June 1, 2011

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #: 36-3692140 / NAIC #: 81108

AR-G/A-04/11 / Arkansas Grievance/Appeal Process

THERE IS NOT AN APPLICABLE CHECKLIST AVAILABLE FOR THIS TYPE OF FILING

To Whom It May Concern:

The enclosed filing is being submitted for your review and approval.

This form specifies the Arkansas Grievance/Appeal Process. This form will be used with Group Certificates ABC-2008ADCAR, ABC-2008APXAR, ABC-2008PRPAR and ABC-90.

Once approved, this form will be included with all issued new business certificates going forward for all Group Certificates ABC-2008ADCAR, ABC-2008APXAR, ABC-2008PRPAR and ABC-90. It will also be mailed to Insureds whenever a claim benefit is denied or limited.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of this form. You may reach me directly at (708) 552-2417.

Sincerely,



Jaime Gettemans
Compliance Department
jaimegettemans@priscorp.net

Quality Products from Caring Professionals

6640 South Cicero Avenue, Bedford Park, IL 60638
800-875-4422 / 708-475-6100 Fax: 708-475-6120